

(Mike)

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Name: Michael Hobbs Thompson  
Address: 3581 So Deann Dr. West Valley City, UT 84128  
Telephone: 385-529-9765

FILED  
U.S. DISTRICT COURT  
2018 JUN 25 P 2:57  
DISTRICT OF UTAH

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF UTAH  
Central DIVISION

(Mike) Michael Hobbs Thompson  
(Full Name)  
PLAINTIFF

Motion to Amend and  
Add Defendants / STATE  
CONTRACTORS  
CIVIL RIGHTS COMPLAINT  
(42 U.S.C §1983, §1985)

vs.

State of Utah  
Utah Attorney General's Office  
Oct. Lt. Dan Chamberlain & Family & Assoc.  
Workman's Compensation Fund  
DEFENDANTS see more  
on attachments

CIVIL NO. 2:18-CV-00307-DB  
(Supplied by Clerk)

A. JURISDICTION

1. Jurisdiction is proper in this court according to:

- a. 42 U.S.C. §1983  
b. 42 U.S.C. §1985  
c. Other (Please Specify)

2. NAME OF PLAINTIFF  
IS A CITIZEN OF THE STATE OF

(Mike) Michael Hobbs Thompson  
Utah

PRESENT MAILING ADDRESS:

3581 South Deann Dr.  
West Valley City, Utah  
84128

3.

NAME OF FIRST DEFENDANT  
IS A CITIZEN OF

State of Utah & Atty Gen Office  
Salt Lake City, Utah  
(City and State)

IS EMPLOYED AS

Atty's General at State Capital  
(Position and Title if Any) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred?

YES ☒ NO ☐ If your answer is "YES" briefly explain.

failed to provide security and stop criminal  
stalking as per case #050911112 by  
Det/Lt Dan Chamberlain & clients of AG's office

4.

NAME OF SECOND DEFENDANT  
(If applicable)

Det/Lt Dan Chamberlain

IS A CITIZEN OF

Granville Utah / ? State task force?  
(City and State)

IS EMPLOYED AS

Policeman at Granville P.D.  
(Position and Title if Any) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred?

YES ☒ NO ☐ If your answer is "YES" briefly explain.

Has been stalking me as per exhibits  
and ~~affidavit~~ I am an eye witness to  
his and brother's and associates, CRIMES  
as named in exhibits # Brockbank Miller Price, Herbert  
Whitcheads Workmans Compensation Fund

5.

NAME OF THIRD DEFENDANT  
(If applicable)

Ms Eklund

IS A CITIZEN OF

Vergas Other ? city State of Ut  
(City and State)

IS EMPLOYED AS

Case worker / at Workmans Comp Fund  
(Position and Title if Any) (Organization)  
(adjusters)

Murder & dis. emotion of Dadys I all b

306  
14

Was the defendant acting under the authority or color of state law at the time these claims occurred?

YES ☒ NO ☐. If your answer is "YES" briefly explain.

Case manager / State contractors!

6. NAME OF FOURTH DEFENDANT Dept of Recovery Services  
(If applicable) Lori Herbert - back to 1991

IS A CITIZEN OF ? State of Ut.  
(city and State)

IS EMPLOYED AS Case worker at Dept of Recovery Services  
(Position and Title if Any) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred?

YES ☒ NO ☐. If your answer is "YES" briefly explain.

Asst. Utah Attorney General's Office  
serve fraudulent papers to my former  
employer and Workman's Compensation fund!

(Use additional sheets of paper if necessary.)

see attachments for  
more defendants!

B. NATURE OF CASE

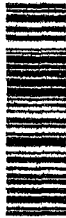
1. Why are you bringing this case to court? Please explain the circumstances that led to the problem.

Excessive crimes of Criminal Stalking  
deprivation of income through fraud!  
false arrest and incarceration!

and deprivation is the reasoning for  
my request for appointment of Counsel!

Attachment 1

Department of Workforce Services  
PO BOX 143245  
SALT LAKE CITY, UT 84114-3245



010698117

5th Defendant 400 14  
utah gov

Criminal Stalking & Deprivation

Date Mailed: 06-05-2018

Case Number: 175516  
PID: 060161316

MICHAEL H THOMPSON  
3581 S DEANN DR  
WEST VALLEY CITY, UT 84128-2526

Charges

I have 100% Total Disability through Board of Health

Disability Medicaid Redetermination Packet

Dear MICHAEL H THOMPSON

Affidavit in Support

It is now time to review your disability status for Disability Medicaid through the State Medical Disability Office. Your redetermination has been assigned to the Disability Medicaid Determination Team which will assist you with the redetermination process.

This packet contains a Medicaid Disability Addendum (Form 354) and Authorization to Release Health Information (Form 114R). When you complete the Form 354, check your personal information for accuracy and include your medical provider/facility/hospital(s) name, address(s), and phone number(s). Please return the completed forms within 10 days of receiving this notice.

Twelve months of medical records will be requested from the medical providers listed on the Form 354. If you have medical records for the past 12 months that support your disability claim, send those to us as well.

We cannot request records, schedule appointments or assist you with obtaining these until the Forms 354 and 114R are completed and returned. If you need more time to complete the redetermination process, have questions or need help completing these forms, call the Disability Medicaid Determination team, Monday through Friday, 8:00 a.m. to 5:00 p.m., at 801-245-4848 or toll-free at 1-877-824-6531.

Mail your verifications to:

Department of Workforce Services  
Imaging Operations  
P.O. Box 143245  
Salt Lake City, UT 84114-3245

Fax to:

Toll Free: 1-877-313-4717  
Salt Lake City area: 801-526-9500

Please write your name and case number on all verifications you send.

<1361>

Toll free: 1-866-435-7414  
Phone Number: 801-526-0950

Toll free FAX: 1-877-313-4717  
FAX: 801-526-9500

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Defendant  
Communal Station  
deprivation  
participation  
in fraud/deprivation  
of income and false  
co-pays

affidavit in  
support of

100% Total  
man disability  
muscle/skeletal  
& Blood clot

UTAH DEPARTMENT OF HEALTH  
MEDICAID  
BUREAU OF MANAGED HEALTH CARE  
Salt Lake City, Utah 84114

Received  
5/19/10

Prsrt Std  
US Postage Paid  
SLC, UT  
Permit # 4621

\*\*\*\*\*AUTO\*\*SCH 5-DIGIT 84120  
MICHAEL H THOMPSON  
3581 S DEANN DR  
WEST VALLEY CITY UT 84128-2526

T60 B&Z  
35147



I have lifetime enrollment 100%  
woman

Attachment #2

Attachment #3

To include all responsible person's in or of authority in all State Agencies past & present!

Atty. Generals - Shurtleff  
Swallow  
Reyes

Contractors

as stated  
6 of these  
men use  
all the same  
aliases!

Joshua C. Mettler / Floyd C. Thompson & Son Pitt  
Joshua C. Mettler Jr. (Jim)  
Rodger Brockbank - David Whitehead  
Rodger Brockbank Jr. / David Whitehead  
Everett Herbert - ARA  
Warren Buffet / Dr. William Allen  
Everett Herbert Jr. / Alfred  
Daniel Herbert / Chamberlain  
Rick Herbert / Roger Miller

2012

780  
14

Attachment #3

all exhibits and affidavits  
of support can be found  
in case # 2:10 CV 1075  
Judge Samuel Alba

all fraud will be signed by  
retired judges with forged  
signatures! Sept. 2010 to date

all perpetrated by these men and  
these women in positions through  
State & Fed; Contractors etc! all  
using aliases to monopolize in  
the State Agencies!

this is not some damn noovie  
of this is your life all statements  
are true! Seems no one cares  
about 16 extra Body's @ the  
Browns farm, Cindy Buehler, etc.

I have \$ do!

Respectfully

Mick Thompson

? why have judges recused not  
been forwarded to State of Utah



C. CAUSE OF ACTION

1. I allege that my constitutional rights, privileges or immunities have been violated and that the following facts form the basis for my allegations: (If necessary you may attach additional pages)

a. (1) Count I: Criminal Stalking

- (2) Supporting Facts: (Describe exactly what each defendant did or did not do. State the facts clearly in your own words without citing legal authority or arguments.)

see all exhibits in Case 2:10CV1075  
Fed Dist Ct, case # 05091112 3rd Dist Ct.  
State of Ut. Det. / Lt. Chambers in  
refusing to follow State statutes and his  
family & associates in other agencies  
being also respondents named in  
Case # 05091112 3rd Dist State of Ut.  
all exhibits exist in case files!

b. (1) Count II: Wrongful arrest and  
incarceration

- (2) Supporting Facts: arrested and incarcerated  
me on fraudulent charges!  
see exhibits Case # 2:10CV1075  
Judge Samuel Alka

c. (1) Count III: deprivation of income

(2) Supporting Facts:

Wrongful evictions  
fraudulent withholding of  
funds from Unemployment Ins,  
Workmans Compensation fund  
Social Security - being held up  
by family & associate @ Zions Bank  
interference in medical needs  
IMC / IHC D. INJURY & Mtn Medical

1. How have you been injured by the actions of the defendant(s)?

Life threatening blood clots  
being 1<sup>st</sup>, deprivation of income  
to exasperate medical needs!  
malpractice / Interference with & by  
Dr's, attempted murder by &  
through deprivation of needs / & medications

E. PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF

1. Have you filed other lawsuits in state or federal court that deal with the same facts that are involved in this action or otherwise relate to the conditions of your imprisonment?  
YES ☒ / NO ☐. If your answer is "YES," describe each lawsuit. (If there is more than one lawsuit, describe additional lawsuits on additional separate pages, using the same outline.)

a. Parties to previous lawsuit:

Plaintiff(s):

Defendant(s):

b. Name of court and case or docket number:

(Mike) Michael Hobbs Thompson  
State of Utah & all entities  
(contractors)  
Federal Dist Court  
Central Division  
Main Street SLC UT  
Sept 2010  
2:10 CV 1075  
Judge Samuel Alba  
050911112 Judge  
Frederick  
3rd Dist Court SLC UT  
1-22-05

c. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) no not dismissed with

d. Issues raised: discuss in court

Same  
Have never been to trial !!! Fed Dist Ct, !

e. When did you file the lawsuit? 2010  
Date Month Year

f. When was it (will it be) decided? never

2. Have you previously sought informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part C? YES ☒ / NO ☐. If your answer is "YES" briefly describe how relief was sought and the results. If your answer is "NO" explain why administrative relief was not sought.

file actions of wrongful withholding  
State Courts 3rd Dist / never heard back  
got order to proceed from Judge Alba  
Fed Ct. filed readiness and only got  
fraudulent papers signed by retired judges  
Clark Waddoups & Warner Paul  
F. REQUEST FOR RELIEF

1. I believe that I am entitled to the following relief:

and all wrongful withholding  
and assets gained thereby!  
from  
all named defendants in exhibits  
as well the State of Utah and  
contractors!  
Being of Non Profit States / To be determined  
in court!

12/14

DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint, and that the information contained therein is true and correct. 28 U.S.C. §1746; 18 U.S.C §1621.

Executed at S.V.C. on 6-25 2018  
(Location) (Date)

Mike Thompson  
Signature

## CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

## I. (a) PLAINTIFFS

(b) County of Residence of First Listed Plaintiff

(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

## DEFENDANTS

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

## II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- |   |                                       |                            |   |                            |                            |
|---|---------------------------------------|----------------------------|---|----------------------------|----------------------------|
|   | PTF                                   | DEF                        |   | PTF                        | DEF                        |
| Citizen of This State                   | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2            | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3            | <input type="checkbox"/> 3 | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

## IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

<b>CONTRACT</b>		<b>TORTS</b>		<b>FORFEITURE/PENALTY</b>		<b>BANKRUPTCY</b>		<b>OTHER STATUTES</b>			
<input checked="" type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input checked="" type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise		<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input checked="" type="checkbox"/> 360 Other Personal Injury <input checked="" type="checkbox"/> 362 Personal Injury - Medical Malpractice		<b>PERSONAL INJURY</b> <input checked="" type="checkbox"/> 365 Personal Injury - Product Liability <input checked="" type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability		<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other		<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark		<input checked="" type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act	
<b>REAL PROPERTY</b>		<b>CIVIL RIGHTS</b>		<b>PRISONER PETITIONS</b>		<b>LABOR</b>		<b>SOCIAL SECURITY</b>			
<input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property		<input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodation <input checked="" type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education		<b>Habeas Corpus:</b> <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <b>Other:</b> <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement		<input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act		<input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input checked="" type="checkbox"/> 865 RSI (405(g))		<b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	
						<b>IMMIGRATION</b>					
						<input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions					

## V. ORIGIN (Place an "X" in One Box Only)

- ☐ 1 Original Proceeding    ☐ 2 Removed from State Court    ☐ 3 Remanded from Appellate Court    ☐ 4 Reinstated or Reopened    ☐ 5 Transferred from Another District (specify)    ☐ 6 Multidistrict Litigation - Transfer    ☐ 8 Multidistrict Litigation - Direct File

## VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Brief description of cause:

## VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☐ No

## VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

To: Whom it may concern - Judge? (14 of 14)  
All new exhibits to be  
use as evidence for trial  
and investigation by all  
Federal Authorities in their  
respective agencies, F.B.I.,  
US Atty General's Office, Postmaster  
General etc!!!

Respectfully  
Miketty Thompson